



07-11-03

D. K. P.

EXPRESS MAIL NO.: EL615212657US

PTO/SB/17 (09-00)

Approved for use through 10/31/2000. OMB 0651-093
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
For FY 2003**

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/841,426
Filing Date	April 24, 2001
First Named Inventor	NYCE, Jonathan W.
Examiner Name	Jiang, Shaojia A.
Group Art Unit	1617
Attorney Docket No.	02486.0017.PCUS05

RECEIVED

JUL 15 2003

OFFICE OF PETITIONS

TOTAL AMOUNT OF PAYMENT (\$650.00)

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Acct. No. 08-3038 Deposit Account Name Howrey Simon Arnold & White, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	\$00.00
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					\$00.00
2. EXTRA CLAIM FEES					
Total Claims	0	-20** =	0	x	\$00.00 = \$00.00
Independent Claims	0	-3** =	0	x	\$00.00 = \$00.00
Multiple Dependent				\$00.00	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$00.00
**or number previously paid, if greater; For Reissues, see above					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Albert P. Halluin/Robin C. Chiang	Registration No. (Attorney/Agent)	25,227/46,619
Signature		Telephone	(650) 463-8172
		Date	July 9, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on The amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.